

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	Lsh		02-08-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	2/2/6
FORMALITY REVIEW	AM	896	04/04/01
RESPONSE FORMALITY REVIEW	JH	1080	6-21-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 □ Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	5/15/01
2	10/31/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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